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Editorial

More knowledge and research concerning the health of lesbian, gay, bisexual and transgender individuals is needed

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Reduction of health disparities is a fundamental goal of public health research and practice. During the past several years, public health policy and research have begun to address the substantial health disparities that exist between sexual minority [lesbian, gay and bisexual (LGB)] and gender minority [transgender (T)], as compared with heterosexual, individuals.[1] Today many governmental public health agencies call for policy and intervention programmes addressing specific needs of LGBT individuals, and call for increased funding of research examining health disparities based on sexual orientation and gender identity, and its determinants. Still, the public health consequences of discrimination towards LGBT individuals have only recently been a topic of investigation. Current research, although still limited, points to a much higher prevalence of certain health conditions among LGB people relative to heterosexuals.[1,2] A meta-analysis found that sexual minorities are two-and-a-half times more likely to have a lifetime history of mental disorder compared with heterosexuals.[3] With the noteworthy exception of HIV/AIDS, much less is known about sexual orientation disparities in physical health, but a number of recent studies have shown poorer physical health outcomes among LGB individuals relative to heterosexuals, including poorer self-reported general health, cardiovascular disease, asthma, and some types of cancers.[4]

Unique exposure to stress among sexual and gender minorities

The health differences based on sexual orientation and gender identity status that have been identified are often explained by the concept of minority stress, which describes the excess stress that LGBT individuals experience compared with heterosexual individuals by virtue of their stigmatized sexual orientation or gender identity.[3] This minority stress, in the form of prejudice, discrimination, sexual orientation concealment, expectations of rejection, and internalized stigma, additively combines with general life stress to confer adverse health outcomes. In many ways, LGBT individuals share several risk factors for stigmatizing experiences with other stigmatized groups such as e.g. certain ethnic minorities. However, many of the stressors influencing health among LGBT individuals are unique. According to the minority stress model, stress-ameliorating factors such as coping and social support can potentially reduce the impact of elevated minority stressors. But the availability of social support and positive role models can many times be more limited among sexual and gender minorities than for e.g. ethnic minority individuals, due to social exclusion after concealment of sexual orientation. The unique circumstances related to stress among sexual minorities further motivates efforts to increased research in this field.

Opportunities for cross-European research studies in the field of LGBT health

The health of LGBT individuals and factors influencing health differences based on sexual orientation is an understudied field, particularly in a European context. The situation for LGBT individuals varies greatly across Europe. In the biannual European Social Survey, a question is used to assess level of acceptance of gay men and lesbians.[5] The degree to which respondents agreed to a statement that 'gay men and lesbians should be free to live their own life as they wish' varies greatly between European countries with very high levels of acceptance in countries such as Netherlands and Sweden, contrasted by very low level of acceptance in Russia and Ukraine. The results show a high and increasing level of acceptance in some countries such as Sweden, Netherlands, UK and Spain, but no clear change in attitudes in many Eastern European countries such as Hungary and Slovenia. An opposite development can be seen in some countries such as Ukraine and Russia with a decreasing acceptance of gays and lesbians.

These results demonstrate that in many countries LGBT people still live in communities where a majority of the population supports discrimination and inequality for sexual minorities. In many countries, LGBT people are also subject to legal discrimination concerning basic civil rights, e.g. regarding recognition of same-sex unions. The wide differences in LGBT acceptance and differences in institutional discrimination make cross-European studies particularly suitable for the exploration of the consequences of structural discrimination on health.

Equal right to health and health care is a fundamental human right

Equal right to health and health care is a very fundamental goal for both public health research and practice. It is therefore a positive development that a new special section initiative on—'Sexual and gender minority health'—has been announced within the European Public Health Association (EUPHA). A special section is a timely and welcomed initiative by researchers in the field, as it is an opportunity to strengthen both national research among LGBT individuals and to facilitate the development of cross-European studies. A dedicated section could serve as a much-needed platform to get the attention

and focus, to join forces and expand the research agenda on inequalities based on sexual orientation and gender identity status.

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